



Fact Sheets and Information Papers

Smallpox Patient Waste – Waste Management Considerations

February 2003

1. Scope. This information paper is intended as general guidance for the classification, management, and disposal of wastes from patients exposed to or being treated for Smallpox. This guidance pertains primarily to an installation setting rather than a combat or field setting.
2. Classification. The smallpox virus, the variola virus, is classified as a World Health Organization (WHO) Risk Group 4 infectious agent. For transportation purposes, Risk Group 4 agents are classified as Infectious Substances. Therefore, wastes from hospitalized patients diagnosed with smallpox are not considered regulated medical waste (RMW), but **Infectious Substances** when they are transported off the installation for treatment and disposal. But these wastes are classified, managed, and carefully handled as RMW while they are in the medical treatment facility (MTF). The Infection Control and other medical authorities at your MTF should develop a protocol for managing patient wastes from patients with smallpox. Some considerations are offered in this paper.
3. Waste containers. At the point of generation, place the smallpox-contaminated wastes in receptacles designated for RMW (i.e., red bags, sharps containers, etc.). These receptacles or packagings **MUST** be transported as **Infectious Substances** when they leave the installation unless they have been treated (i.e., sterilization by autoclaving or incineration) on Post to inactivate the virus. When transporting waste containers holding untreated smallpox contaminated waste off the installation, mark each container as “Infectious substances, affecting humans (smallpox waste), UN2814.” A separate information paper has been developed to address [the transportation requirements](#), which are very rigorous and enforceable by regulatory authorities.
4. Movement within the MTF. Follow locally developed protocols and good management practices. Proper management requires using personal protective equipment (PPE), clearly marking all collection containers as “smallpox waste”, selecting and using dedicated routes to move waste throughout the MTF, and storing waste in a secure location. We suggest that the MTF establish rigorous means to account for the smallpox waste generated and accumulated for treatment and disposal. Use DA Form 4137, Evidence/Property Custody Document (or similar document) to track smallpox waste from “cradle-to-grave.” Maintaining accountability and security of these wastes is important in protecting our national security. Similarly, careful management of these wastes is required to avoid the accidental or inadvertent exposure of healthcare workers, support staff, and contractors to the agent.
5. Waste treatment and disposal. The methods currently used to treat and dispose of RMW are satisfactory to inactivate the variola virus. Although the smallpox virus is easily spread among people (highly infectious), the virus is readily and easily inactivated (killed) by treatment methods currently used for RMW. Persons who manage this waste must be certain that the

RMW containing smallpox waste is accounted for and is distinct from other RMW within the MTF, and then transported as described above in paragraphs 2 and 3. CRADLE-TO-GRAVE management procedures must be in place and documentation must support the practices used.

6. Treatment facilities. If disposal is by contractor, ask the Contracting Officer's Representative (COR) to review the contract and determine the specified means of waste disposal. If disposal of smallpox waste is not covered or specified to standard, ask the COR to initiate a modification to the contract to ensure the requirements are met. Once the contractor's responsibilities are specified and clear, the COR must monitor contractor operations to ensure all management and security requirements are met.

7. Home patient care. Patients diagnosed with smallpox and receiving care at home should have their treatment wastes (bandages, disposable items in contact with skin and saliva, PPE from care givers, etc.) segregated from the routine household trash and garbage. This smallpox-contaminated waste is classified as RMW and must be managed as RMW. Follow local public health authority directives (or guidance provided by the MTF) for proper management and disposal. Do NOT place these smallpox-contaminated wastes in dumpsters, or set them out for curbside pickup unless directed to do so by your local public health authority. If the MTF has a procedure for supporting the collection, management, and disposal of this home-generated, smallpox-contaminated waste, that procedure must be followed.

8. Vaccination. The Centers for Disease Control and Prevention (CDC) has written, "In the event of a Smallpox outbreak, outbreak-specific guidance will be disseminated by CDC regarding populations to be vaccinated and specific contraindications to vaccinations." It is also likely that, in the event of a smallpox outbreak, the CDC will offer further guidance to Public Health officials, and other Government officials (Federal Emergency Management Agency, Federal Bureau of Investigation, Department of Homeland Security, and the Military) on the containment and management of the outbreak.

*Hazardous and Medical Waste Program, Mr. Michael Diem
5158 Blackhawk Road, ATTN: MCHB-TS-EHM
Aberdeen Proving Ground, MD 21010-5403
(410) 436-3651, DSN 584-3651*